DOCUMENT RESUME

ED 273 186 HE 019 598

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TITLE Public Health Nursing Staff Health Education Attitudes.
PUB DATE [86]
NOTE 11p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Health Education; Higher Education; *Nurses; *Nurses Aides; Nursing Education; *Patient Education; Professional Continuing Education; *Public Health; *Staff Development

ABSTRACT

Health education attitudes toward prevention, detection, and treatment of selected chronic diseases and conditions confronting public health nursing staffs were investigated at a Florida Department of Health and Rehabilitative Services District, which is composed of 16 county public health units (CPHU). Findings were used to determine type of courses and approaches to be offered in a staff training program designed to promote the education of patients and to focus on lifestyle-related diseases. Responses to the questionnaire (68% response rate) were received from 93 public health nursing staff, all of whom were female and predominantly white (90%). The proportions were 82% nurses, 16.2% nursing aides, and 2.2% nutritionists. Respondents perceived health education as important for public health work and also wished to help patients change unhealthy behavioral practices. Findings suggest that respondents had a stronger commitment to patient education than to community education. Therefore, the staff training program focused on patient education skills building and nursing content courses related CPHU patient lifestyle and health issues. The health education methods course focused on patient education and behavior change, small group instruction techniques, and interpersonal community skills. (SW)

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PUBLIC HEALTH NURSING STAFF HEALTH EDUCATION ATTITUDES

By
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INTRODUCTION

The health education attitudes of public health nursing staff are an important consideration in the development of intervention strategies leading to reductions of mortality in the current leading causes of death which include (1) heart disease, (2) malignant neoplasms, (3) cerebrovascular Disease; (4) accidents; and (5) chronic obstructive pulmonary disease (National Center for Health Statistics, 1985).

The purpose of this study was to analyze health education attitudes related to the prevention, detection, and treatment of selected chronic diseases and conditions confronting public health nursing staffs within one Florida Department of Health and Rehabilitative Services (HRS) District composed of 16 county public health units (CPHU). The District encompassed 11,044 square miles and was inhabited by 700,000 people. CPHU nursing department staff ranged between 2 and 48 personnel.

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Survey findings were utilized to determine the approach and type of courses to be offered in a staff training program whose purposes became (1) to strengthen existing

staff patient education skills and (2) to expand the CPHU educational focus to include lifestyle related diseases.

METHODOLOGY

A jury validated instrument, designed to analyze the health education attitudes of public health nursing staff was developed and field tested. Revisions were made after instrument field testing and prior to administration to all public health nursing staff (N=136) employed within the District. Ninety-three questionnaires were returned yielding a return rate of 68 percent.

The Nursing Director at each CPHU was batch mailed instruments and administered the questionnaires to the nursing staff. All instruments were completed anonymously. At two and four weeks after the initial mailing, reminder letters were mailed to each Nursing Director.

Respondents were requested to rate their answers to a 20 question attitudinal inventory as either strongly agree, agree, disagree, or strongly disagree in six topical areas : (1) client motivation and health education; (2) importance of health education; (3) client educational services; (4) client risk reduction services; (5) community educational services; and (6) continuing education. An additional question requested the respondents to identify three areas they felt should be health education priorities.

RESULTS

Respondents surveyed were all female and 90 percent white. Eighty-two percent were nurses; 16.2 percent were nursing aids; and 2.2 percent were nutritionists. The mean respondent age was 44.2 years with 7.6 years of service in the District. Educationally, 14.4 percent held a graduate degree; 27.8 percent had earned a college degree; 45.6 held nursing school diplomas or certificates; and 12.2 percent had only graduated from high school.

When provided with health information, eighty-eight percent of respondents indicated that clients would act positively. Further, 98.6 percent believed clients could do something to improve their own health status; 99 percent of respondents indicated that public health practitioners had a responsibility to provide health information; and 78.3 percent stated that health education and the provision of health information alone were not the same, indicating that health education involves more than just handing out printed information.

The importance of health education was reflected in that 66.3 percent of respondents stated that educational services could be more important than other services and that 52.9 percent of respondents were willing to devote more clinic time to additional educational services.

Additionally, 93.5 percent of respondents stated that educational services were cost effective.

A majority of respondents (76.7 percent) stated that the CPHU could better provide direct client educational services than the District Health Program Office and that patient education programs did not have to be economically self sufficient. Respondents indicated an unwillingness to expend funds for a full time CPHU health educator (61.3 percent). While respondents were supportive of risk reduction classes stressing lifestyle risk taking behaviors for patients, they desired to conduct their own educational efforts.

Almost sixty percent of respondents were unwilling to sacrifice present services in order to assist other agencies to conduct community health education programs. However, 60.2 percent felt that the CPHU should offer some lifestyle risk reduction community classes. There was mixed response as to the ability of community health education efforts being economically self supporting.

A majority of respondents (84.9 percent) stated that educational skills were necessary for the public health practitioner; 57.2 percent did not feel that salary increases should be tied to attendance at continuing education sessions.

Respondent health education priority areas were grouped under four headings: (1) present CPHU programs; (2) health promotion; (3) CPHU management; and (4) environmental health. Highest priority programs included: family planning, child health, personal health, nutrition, and weight control.

DISCUSSION

Analysis of these data suggested that respondents perceived health education was a necessary ingredient for public health work. Further, respondents saw a need to provide not only health information, but also, a mechanism to assist patients in changing unhealthy behavioral practices. The willingness to make modifications in present clinic schedules and devoting more time to patient education, support this contention.

While supportive of patient education, respondents were unwilling to employ a CPHU based health educator and were less supportive of community health education efforts. Respondents were unwilling to expend CPHU funds for a locally based health educator. This unwillingness may be explained by limited CPHU funding; a desire by respondents to conduct their own patient education; or a combination of the above. The authors accepted the third alternative. At the time this study was conducted, public health in Florida

had suffered severe budget cuts; CPHUs were laying off personnel; and since educational services generally do not bring funds into the organization, only essential educational services were routinely provided.

Given adequate resources and the necessary lead time, CPHU based health educators could be employed to assist nursing department staff with patient education; conduct community education efforts (eg. health fairs or stop smoking clinics); provide consultation services to strengthen nursing department patient education efforts; and develop revenue generating community education programs.

The study findings suggested that respondents had a stronger commitment to patient education than community education. From an administrative point of view, it would be better to initiate a staff training program within the context of present CPHU interests which include maternal and child care. Such initial programming could address prenatal patient lifestyle, parenting, or training children in healthy lifestyle behaviors.

Once a basis for lifestyle health risk reducation programing had been established, nursing department staff may be more willing and able to venture into the community, outside the CPHU and provide educational services. Additionally, state and local funding mechanisms should be

revised to financially support and encourage community health education. However, the CPHU should be free to address local community health education needs without excessive state control.

Based upon these data, the staff training program focused upon patient education skills building and nursing content courses related CPHU patient lifestyle and health issues. A three unit, nine hour health education methods course was developed. Units were:(1) patient education and behavior change, (2) small group instruction techniques, and (3) interpersonal communication skills. Nursing content courses included such topics as sickle cell disease, prenatal patient lifestyle intervention techniques, stress management, and diabetes patient assessment and compliance issues. Continuing education credits were provided.

In 18 months, 76 classes over 18 subjects were taught to 959 participants. Staff trainng objectives were met. The authors concluded that the staff training program was successful largely due to the attitudinal survey which set the direction, approach, and tone of the program. Program managers knew what types of courses to offer and had a demographic profile of possible participants thus allowing for the tailoring each course to a specific target group. Evaluation measures taken at the conclusion of each class indicated positive training impact.

SYNOPSIS

A study was undertaken to assess the health education attitudes of public health nursing department staff employed in 15 of 16 rural Florida county public health units. Data were used to determine the approach and course content of a staff training program offered to nursing department staff.

Respondents indicated that public health clients would incorporate preventive behavioral practices into their lifestyle if provided health information, and realized the difference between health information and health education. Respondents perceived patient education services, including behavioral health risk reduction classes, as important and cost effective at the county level. Client educational services received a higher rating than services to other community agencies, but respondents felt that the CPHU should offer some community health education classes. The majority of respondents agreed that educational skills were essential in public health, but that continuing education requirements should not be related to salary increases. Also, respondents identified present CPHU programs as the top priority for health education training. Respondents expressed little desire to employ a health educator and did not strongly support the community health education aspect of the public health role. As a consequence, the staff

training program focused almost exclusively upon patient education skills building and topics relevalent to CPHU patients.

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This research was funded by the State of Florida, Department of Health and Rehabilitative Services, Health Promotion-Risk Reduction Program.